
NATIONAL LIBRARY OF MEDICINE ASSOCIATE FELLOWSHIP PROGRAM

REFERENCE FORM

Please type or print clearly and return to the Oak Ridge Institute for Science and Education (fax number below).

Applicant's Name: _____

Last

First

Middle

How long and in what capacity have you known the applicant?

Length of time: _____ I am: Faculty Advisor Supervisor Other

In a group of 100 other library school students or librarians of comparable experience, how would you rate the applicant with respect to the following characteristics:

	Below Average	Average	Above Average	Outstanding (top 25%)	Superior (top 5%)	Inadequate Opportunity to Observe
Motivation toward a successful, productive career						
Growth during total period observed						
Fertility of imagination; originality of thought						
Emotional stability and maturity						
Ability to work with others						
Mastery of fundamental knowledge in the field						
Flexibility						
Ability to communicate information (written-oral)						
Self-reliance and independence						

Additional Information: On another sheet, please add your descriptive comments that will assist in providing a complete picture of the applicant's character, attitudes, and ability/potential for research. Please comment on challenges, as well as strong points.

Signature _____ Date _____

Typed or Printed Name _____ Title _____

Phone _____ E-Mail _____

Address _____

Return to: Barbara Dorsey
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